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ABSTRACT

This document contains a reference sheet and an annotated bibliography concerned with sexually transmitted diseases (STD). The reference sheet provides a brief, accurate overview of STDs which includes both statistical and background information. The bibliography contains 83 entries, listed alphabetically, that deal with STDs. Books and articles cited in the bibliography discuss various STDs, including venereal diseases, herpes, reproductive tract infections, dermatologic conditions, Chlamydia trachomatis, vaginitis, and gonorrhea. Other articles listed contain statistical information and fact sheets on STDs; teaching guides; views on sexuality education; family planning and human sexuality information; and resources for adolescents, young adults, educators, and physicians. Articles dealing with diagnostic techniques, new methods of diagnosis and treatment, and drug reactions are also included, as are entries on STDs and homosexuality, STDs and pregnancy, and STDs in children and adolescents. A list of 13 brochures and pamphlets on STDs is included, complete with addresses for the organizations which produced the materials. Ten audiovisuals on STDs are briefly described and addresses are given for the seven organizations which distribute them. (NB)

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*Items preceded by an asterik (*) are cited as sources on reference sheet #3, Sexually Transmitted Diseases.

American Social Health Association. Today's VD Control Problem, 1973. New York: The Author, 1973.

A joint statement of several health organizations which analyzes trends of gonorrhea and syphilis, describes progress towards controlling venereal diseases, and makes recommendations as to the adequacy of funding and types of approach that government and the medical establishment should take to control the spread of these diseases.

*Annual summary of births, deaths, marriages and divorces: United States, 1981. Monthly Vital Statistics Report, 1982, 30(13), 22.

Summary issue which compiles vital statistic information. Deaths due to reported communicable diseases, such as syphilis, are included.

Baker, David A. Prospects for treating herpes. Contemporary Ob/Gyn, 1982, 19 (1), 179+.

Herpes infections can cause painful lesions in women and endanger the life of a newborn infant. Prior detection is important as no proven treatment yet exists. Preventing contact with the virus is the best therapy at present.

Bender, Stephen J. Venereal Disease. 2nd edition. Dubuque, IA: William C. Brown, Publishers, 1975.

A presentation of relevant and informative facts surrounding venereal diseases. Behavioral aspects, as well as the magnitude of the problem, are reviewed. Other venereally-related diseases are considered. Frequently asked questions and their answers are included.

Bettoli, Elena J. Herpes: facts and fallacies. American Journal of Nursing, 1982, 82(6), 924-929.

A review of the etiology and epidemiology of herpes simplex virus and its treatment. Possible complications and dangers are discussed.

Boehm, Frank H. et al. Management of genital herpes simplex virus infections occurring during pregnancy. American Journal of Obstetrics and Gynecology, 1981, 141(7), 735-740.

A discussion of treatment of HSV infection during pregnancy and means of delivery at term.

Bogue, Donald J., Bursilk, Robert & Mayo, Judith. Communication to Combat VD: The Los Angeles Experiment. Volume I--Final Report. Chicago: The University of Chicago, 1979.

Report on a project designed to determine whether and how principles and theories of behavioral science could be used to assist in current efforts to reduce the prevalence of venereal diseases in the U.S. Use of various media formats was made to reach the public. Numerous appendices provide information on additional writings about venereal diseases, clinic personnel and patient interviews, requests for services, pamphlets, public service announcements on radio and television, etc.

*Brandt, Edward N. Physicians and sexually transmitted diseases: A call to action. JAMA, 1982, 248(16), 2032.

With the use of statistics to emphasize the severity of the STD problem, it is urged that physicians take a more active role in combatting these diseases.

Breen, James L. & Smith, Charles I. Sexually transmitted diseases, Part I. Female Patient, 1981, 6(7), 12-18.

Many genital tract infections other than syphilis and gonorrhea are now known to be transmitted by sexual contact. These include fungal, protozoal, and chlamydial infections, viral disease and animal parasites. Descriptions of the infections, means of diagnosis and therapies are provided.

Breen, James L. & Smith, Charles I. Sexually transmitted diseases, Part II. Female Patient, 1981, 6(8), 14+.

The second of a two-part feature which discusses the diagnosis and treatment of several sexually transmitted bacterial infections.

*California State Department of Education. Teaching About Sexually Transmitted Diseases. Revised edition. Sacramento: The Author, 1980.

A curriculum guide and resources for teaching about STDs in grades 7-12. It is meant to provide teachers with materials and ideas for use in the classroom. A step-by-step, 5-day unit with lesson plans and learning activities is set out, with accompanying student worksheets for duplication or display.

Cardiovascular complications of syphilis. Medical Aspects of Human Sexuality, 1981, 15(2), 60+.

An illustrated guide to the effects of syphilis on the heart.

Clinical Obstetrics and Gynecology. Forthcoming issue (1983) on sexually transmitted diseases.

Cohen, Stuart Joseph. An educational innovation for teaching about the sexually transmitted diseases. Clearing House, 1978, 51(5), 224-227.

It is proposed that in order to play a significant role in eliminating STDs, educators must change their approaches and develop and implement meaningful learning experiences focusing on the pupil as learner. In so doing, strategies and techniques from the behavioral sciences will need to be used in order to influence and thus change health behavior. Outlined herein is a method of teaching about STDs which has been successful and which focuses on behavioral aspects of learning, namely problem-solving and decision-making. The basic premise of the method, the processes involved, and the 5 stages of the process are briefly presented. Classroom activities are suggested.

Common reproductive tract infections. National Clearinghouse for Family Planning Information Health Education Bulletin, June 1978.

A brief guide to teaching patients about reproductive tract infections and sexually transmitted diseases as part of comprehensive family planning education. Highlighted are significant facts and information to teach about these topics, including symptoms, diagnosis and treatment, and prevention. Answers to specific questions are provided. The back page of the publication is a reproducible handout for clinic patients covering basic facts about infections.

Corey, Lawrence. The diagnosis and treatment of genital herpes. JAMA, 1982, 248(9), 1041-1049.

Current therapies for genital herpes are discussed. Latency and herpes virus infections and immune responses to HSV infections are reviewed, as is the epidemiology of genital herpes.

*Corsaro, Maria & Korzeniowsky, Carole. STD--A Commonsense Guide. New York: St. Martin's Press, 1980.

An accessible guide to STDs describing symptoms and treatments. A comprehensive key at the front of the book links various symptoms to the probable diseases. A complete description of each disease is accompanied by explanation, in lay language, of tests needed to ascertain whether or not STDs are present, treatment available, and precautions to take to protect others.

Darrow, William W. et al. The gay report on sexually transmitted diseases. American Journal of Public Health, 1981, 71(10), 1004-1011.

Report on a survey of over 4000 gay men and the incidence of STDs. Gay men who participated in the survey reported frequent infections with many of the same sexually transmitted diseases often seen in private medical practices, public VD clinics and gay health clinics. Since high rates of disease are related to large numbers of different partners, frequent exposures with anonymous contacts, and anal intercourse, frequent examinations for those whose lifestyles include these characteristics are recommended.

*Family Life Education Program Development Project. Family Life and Sex Education; A Summary of Facts and Findings. Santa Cruz, CA: Planned Parenthood of Santa Cruz County, 1979.

Information from numerous studies which indicate the need for family life education is compiled. Results from various reports established the need not only for general courses on sexuality information, but for the provision of accurate information on venereal diseases.

Felman, Yehudi M. How a sexual history helps in the diagnosis of sexually transmitted diseases. Medical Aspects of Human Sexuality, 1981, 15(6), 135-136.

In order to assure that the appropriate anatomic sites will be tested for sexually transmitted diseases, a physician must obtain a sexual history when examining patients in addition to ascertaining a patient's sexual preference.

Felman, Yehudi M. Interview: how primary care MDs can combat the epidemic of sexually transmitted diseases. Medical Aspects of Human Sexuality, 1981, 15(2), 48+.

An interview in which the role of the primary care physician in dealing with STDs is expounded upon. Five important ways in which the private physician can deal directly with the problem of STDs are detailed: proper diagnosis and screening; proper treatment; follow-up; leadership in educating the community; and, educating patients in use of preventive measures.

Felman, Yehudi M. & Nikitas, James A. Adverse drug reactions: Part 2, the less common sexually transmitted diseases. Sexual Medicine Today, 1981, 5(1), 15-17.

Metronidazole, gamma benzene hexachloride and podophyllin are examined in light of adverse reactions. Familiarity with the possible problems associated with a particular drug is of utmost importance in treating STDs.

Fenner, Louise. Herpes thrives on the sexual revolution. FDA Consumer, 1981, 15(9), 24-26.

Between 5 and 20 million people in the U.S. are estimated to have genital herpes. Exact numbers are not available as it is not routinely reported to the CDC as are some other sexually transmitted diseases. A clear, detailed description of the problem of genital herpes is provided. Although progress is being made in some areas regarding the treatment of herpes viruses, to date, the only sure guarantee to not getting genital herpes is prevention: avoiding contact with infected areas via intercourse, kissing, oral sex or other forms of touching.

Fleury, Jean-Marc. The hidden epidemic. IDRC Reports, 1981, 10(3), 22-23.

The global nature and effects of STDs are investigated. Particular attention is given to the problem as it exists and prevails in Africa.

Freudberg, Frank with Emanuel, Stephen E. Herpes: A Complete Guide to Relief and Reassurance. Philadelphia: Running Press, 1982.

A presentation of the latest treatments and therapies available for herpes is included in this guide, along with interviews with medical experts in the field, case histories of men and women coping successfully with herpes, and sources of help. A bibliography of suggested readings and a glossary of helpful terms are included. A preliminary chapter provides an overview of the herpes simplex virus and its epidemiology. Successive chapters cover the psychological dimensions, complications and how to avoid them, and ways of curtailing the spread of herpes.

Gallagher, Nora. Fever all through the night. Mother Jones, 1982, 7(9),3643.

Sexually transmitted diseases have been in the news frequently, especially herpes. Some individuals have exploited the issue as part of their cause to return to traditional values and lifestyles. This is an exploration of the sociomedical issues involved in the current concern of rising STD rates (herpes, in particular) and what is being done to address the needs of individuals affected by such diseases.

Gillespie, Oscar. Herpes: What To Do When You Have It. New York: Grosset and Dunlap, 1982.

A co-founder of New York Help, chapter of the American Social Health Association, addresses this volume to victims of herpes and others concerned with its social and health implications. It aims to dispel the myths that surround this STD. Described are: what the disease is and how it's transmitted, factors that trigger recurrences and how to reduce them, identifying the symptoms of an impending outbreak, and alleviating pain. Preventive measures and available medical and home treatments are discussed.

Gordon, Sol. The case for a moral sex education in the schools. Journal of School health, 1981, 51(4), 214-218.

Basic principles of "moral education" which should be part of sexuality education are outlined. Teaching about VD would be a significant part of a moral sex education, which, overall, would contribute to sexual health.

Gordon, Sol, Facts about VD for Today's Youth. New edition. Charlottesville, VA: Ed-U-Press, 1979.

Facts about sexually transmitted diseases based on medical and social information for teens. A list of related reading matter is appended.

Grossman, John H. III et al. Management of genital herpes simplex virus infection during pregnancy. Obstetrics and Gynecology, 1981, 58(1), 1-4.

Information was compiled prospectively on pregnancies complicated by genital herpes simplex virus infection. Evidence indicates that, with proper management, patients asymptomatic at onset of labor and free of infection by viral cultures, may undergo vaginal delivery. Breast-feeding is permissible, regardless of presence or absence of infection, if sanitary precautions are observed.

Hacker, Sylvia S., Palchik-Allen, Nancy S. & Rosey, Craig E. Factors influencing the success of a community VD program held in a university facility. Public Health Reports, 1980, 95(3), 247-252.

A dramatic rise in reported cases of gonorrhea in a Michigan county compelled action on the part of area health agencies. A comprehensive community VD program was planned using a university facility. After 1 year, the clinic was used extensively by the public. Response to the service was positive.

Hamilton, Richard. The Herpes Book. Los Angeles: J. P. Tarcher, 1980.

Designed to demystify the information surrounding herpes, this volume undertakes that task of providing material for the layperson who wishes to understand what is going on. It informs the concerned individual about how to cope with the virus, how to prevent or minimize its possible complications, and how to discern what is important to know from other sources.

Hawley, Nathalie et al. Project Teen Concern: An Implementation Manual for an Educational Program to Prevent Premature Parenthood and Venereal Disease. Rockville, MD: DHHS, 1980.

Aimed at school personnel, this manual is meant to assist in developing educational programs for the prevention of premature parenthood and venereal diseases. The chapters cover the background of the project, how to develop community support, teacher in-service training, and the development of a parent/community program. Guidelines for a bilingual program are also included. Each chapter contains an introduction, outline for the planning and delivery phases, and an appendix of resource materials.

Herpes simplex--changing patterns. Lancet, 1981, 2(8254), 1025-1026.

An overview of the etiology of herpes simplex virus and the risks involved are provided. Hazards to health professionals who work with individuals who have herpes are considered.

Hillard, Paula Adams. Herpes infections and pregnancy. Parents, 1982, 57(7), 70-72.

Herpes and its possible effects on the baby are discussed. Necessary prenatal precautions are outlined to minimize possible dangers during pregnancy.

Hyde, Margaret O. VD-STD: The Silent Epidemic. Second edition. New York: McGraw-Hill, 1983.

Written for young people ages 12-17, this revised and updated version of the author's previously published work addresses itself to a subject which affects many individuals in this age group each year. Information on herpes not included in the earlier edition is now part of the overview of STDs. In language accessible to readers at these levels, the topic of venereal diseases is clearly presented--the problem and its epidemic proportions, symptoms and actions to take if they present themselves, the range of STDs, preventing the spread of STDs, the effects on infants, and what can be done to eliminate the problem. All of these topics are presented as they impact upon the lives of teenagers.

Iowa State Department of Health a[illegible]e Iowa Department of Public Instruction. Venereal Disease: A Resource [illegible]de. Des Moines: The Authors, 1978.

A guide for teachers, combining information useful for lectures, classroom discussion, and presentations concerning venereal disease. Facts about modes of transmission, symptoms, effects, prevention, treatment and control are included. This factual material is accompanied by historical information on venereal disease, as well as by a section on approaches, objectives, and suggested classroom activities for teachers. Sources for materials are noted.

Iowa State Department of Health and the Iowa Department of Public Instruction. Venereal Diseases; A Teachers' Guide. Des Moines: The Authors, 1979.

A companion to the Authors' Resource Guide, this provides a structure for teaching about venereal diseases. With the Resource Guide, the two provide a compilation of information which minimizes the amount of research necessary for anyone preparing lessons on STDs.

Johnson, Eric W. V.D. New and revised edition. Philadelphia: J.B. Lippincott Co., 1978.

An outline of the present situation in the U.S. regarding VD, including facts about specific diseases and what could be done to help solve this national health problem. A section is devoted to common questions and their answers.

Johnson, Sture A.M. Dermatologic conditions caused by sexual activity. Medical Aspects of Human Sexuality, 1981, 15(12), 90+.

Skin diseases associated with sexual activity are appearing on and in sites of the body other than those where they were previously seen. This appraisal of the various possible conditions, their manifestations, and possible treatments alerts the health practitioner to the need to look beyond the obvious in treating patients.

Kalimo, Kirsti et al. Chlamydia trachomatis and herpes simplex virus IgA antibodies in cervical secretions of patients with cervical atypia. British Journal of Obstetrics and Gynaecology, 1981, 88(11), 1130-1134.

The association of Chlamydia trachomatis (CT) and herpes simplex virus (HSV) with malignant or premalignant changes in the cervix uteri was studied by determining immunoglobin A (IgA) antibodies in the cervical secretions of women with inflammatory, dysplastic or malignant changes of the uterine cervix. A control group of healthy women was used. Results suggest that in patients with cervical atypia, local IgA CT antibody production occurs.

Kellum, Marily Doermann & Loucks, Arlene. Genital herpes infections: diagnosis and management. Nurse Practitioner, 1982, 7(2), 14+.

A discusion of the diagnosis and care of patients with genital herpes, delineating the nurse practitioner's role. Special emphasis is placed on education, counseling and preventive care.

Kelly, Gary F. Learning about Sex: The Contemporary Guide for Young Adults. Woodbury, NY: Barron's Educational Series, Inc. 1976.

A discussion of the physical and social aspects of human sexuality, designed to help teenagers clarify their needs and values relating to sex. Although the scope of the book is broad, attention is given to the problems related to STDs. Treatment and prevention are reviewed. The phone number of a VD hotline is included. A list of preventive measures which are part of responsible sexual behavior is also provided.

Kleinman, Robert L., ed. Family Planning Handbook for Doctors. London: IPPF, 1980.

A handbook for physicians designed to provide pertinent information on the latest family planning methods and practices. As part of this overview, a section on STDs is included. The role of the physician in tracing a contact is discussed. Consideration of gonorrhea, syphilis, nonspecific genital infection and other STDs is provided. The causes of the STD epidemic, contraception and STDs and STDs and infertility are reviewed. Methods of controlling STDs are examined.

*Kroger, Fred & Wiesner, Paul J. STD education: challenge for the 80s. Journal of School Health, 1981, 51(4), 242-246.

A consideration of 3 aspects of STD education: the need for and appropriateness of school-based STD education; some elements of timely, high-quality STD education; and, strategies for dealing constructively with controversy.

Lauersen, Niels & Stukane, Eileen. Vaginitis and sexually transmitted diseases. Chapter 15 in Listen to Your Body. New York: Simon & Schuster, 1982.

Chapter devoted to a discussion of vaginitis and STDs which addresses common questions and concerns expressed by women.

*McCary, James Leslie and McCary, Stephen. McCary's Human Sexuality. 4th edition. New York: Van Nostrand Reinhold, 1982.

A general textbook on human sexuality which contains substantial information on sexually transmitted diseases.

Marzouk, Joseph B., Dall, Lawrence and Mills, John. Genital herpes: 1982. Female Patient, 1982, 7(9), 12+.

With the advent of acyclovir, physicians have an effective agent for use in the treatment of primary genital herpes. Women with genital herpes are at increased risk for developing genital cancer and may transmit fatal herpes infection to the newborn. Patient education, analgesia, and local hygiene, and the use of an antiviral agent constitute current therapy.

Mayer, William V. Sexual ignorance is not bliss. American Biology Teacher, 1978, 40(5), 310-311.

A paper which supports the need for strong sexuality education. The rising incidence of STDs is one parameter by which the need for improved sexuality education programs is measured.

Meek, James. Gonorrhea in prepubertal children. Medical Aspects of Human Sexuality, 1981, 15(2), 60AA.

The incidence of gonorrhea in the general population has increased and the number of cases reported in children has also increased. In 1976, the number of cases per 100,000 children under 10 years old was reported to be 8.3 nationally, although the number of cases is probably substantially higher. Recognition and treatment are discussed.

*Morbidity and Mortality Weekly Report. Atlanta: Centers for Disease Control, Weekly.

A weekly summary of health statistics. An annual compilation is issued once a year, generally in September.

The new scarlet letter. Time, 1982, 120(5), 62-69.

An discussion and presentation of facts and issues related to the herpes simplex virus. The lifetime ramifications of the virus are examined, including the psychological effects of herpes upon those who have it.

Methods for controlling, dealing with, and possible future treatments for the virus are reviewed.

Nicholas, Leslie. Newer methods of diagnosis and treatment of the sexually transmitted diseases. Journal of the American College Health Association, 1978, 26(6), 308-311.

Methods of diagnosis and treatment of 6 of the STDs frequently encountered in clinical practice and reviewed.

*Orr, Margaret Terry. Sex education and contraceptive education in U.S. public high schools. Family Planning Perspectives, 1982, 14(6), 304-313.

Results of a study of public high schools which shows that there is no evidence that any one type of school or community is more or less likely to offer a sex education course or to include information on contraception in that course. Parental involvement seems to strengthen the sex education, leading to a wider range of topics being covered. The study did show that "venereal disease" is the topic most covered in U.S. public high schools, with 97% of the 4 in 10 schools offering any sex education saying they cover venereal disease.

Planned Parenthood Association-Chicago Area. The Inside Story. Revised edition. Chicago: The Author, 1981.

A health consumer guide to a variety of subjects related to reproductive health. There is a section on sexually transmitted diseases and vaginal infections. The text is clear and concise.

Pottertat, John J. & King, Richard D. A new approach to gonorrhea control: The asymptomatic man and incidence reduction. JAMA, 1981 245(6), 578-580.

Asymptomatic gonorrhea in men is well known clinically, but its epidemiologic significance has not yet been detailed. More than 60% of the infected partners of certain selected women are asymptomatic. By focusing control resources on these women, and removing their asymptomatic partners from the disease reservoir, a substantial reduction in gonorrhea incidence can be expected.

*Project on Human Sexual Development. Family Life and Sexual Learning: A Study of the Role of Parents in the Sexual Learning of Children. Cambridge, MA: Population Education, Inc. 1978.

A study of Cleveland parents which revealed what parents were or were not doing regarding the sexuality education of their children. When areas for assistance were identified, parents frequently cited venereal disease as a topic with which they needed help.

*STD Fact Sheet. 35th edition. Atlanta, GA: Centers for Disease Control, 1981.

Source of basic statistics on the STD problem in the United States, including information on the extent and trend of the problem, information on complications of gonorrhea in women, the costs of uncontrolled venereal disease, and the frequency of psychoses and deaths from syphilis. Data summarizing STD control measures are also included. Text is accompanied by numerous tables.

*Saltman, Jules. Sexually Transmitted Diseases--Epidemic Among Teenagers. (No. 517A). New York: Public Affairs Pamphlets, 1982.

The incidence of both reportable and non-reportable STDs among teens is epidemic. The diseases, their effects, treatment and prevention are cogently summarized. Attention is given to incidence patterns, attitudes and knowledge. Homosexuality and STDs are also reviewed. Approaches to the problem--both on a personal and on a national scale--are proposed.

*Sexually transmitted diseases affect 1 in 20 Americans. Public Health Reports, 1980, 95(5),496.

A brief report on the epidemic rates of STDs and the factors involved in this on-going health problem. Commentary and recommendations from the STD Study Group of the National Institutes of Health's National Institute of Allergy and Infectious Diseases is provided.

Sexually Transmitted Diseases Bulletin. New York: S.T.D. Bulletin (15 Park Row), monthly.

A monthly newsletter on various topics related to STDs. It includes original articles, news items of interest to health practitioners, and references to pertinent journal publications.

Sexually transmitted diseases treatment guidelines 1982. Morbidity and Mortality Weekly Report, 1982, 31(2) supplement.

Guidelines for treatment of STDs as established by a group of experts and the staff of the CDC. The contents should not be considered as rules, but as a source of guidance within the U.S.

Silber, Tomas. Gonorrhea in adolescence: its impact and consequences. Adolescence, 1981, 16(63),537-541.

Designed to sensitize professionals to the variety of problems associated with gonorrhea so that individuals who work with adolescents will be better equipped to assist them. Importance of community involvement in working towards control of venereal diseases is emphasized.

Silber, Tomas. Gonorrhea in children and adolescents. Medical Aspects of Human Sexuality, 1982, 16(5), 92H+.

Gonorrhea is the most common reportable infectious disease of school-aged children. This is an overview of the symptoms, means of diagnosis, and management of gonorrhea in this population.

Snegroff, Stanley. Venereal disease education: facts are not enough. Journal of School Health, 1975, 45(1), 37-39.

The provision of factual information about STDs may not be enough. This topic must be dealt with affectively as well as cognitively. Social attitudes toward STDs must be taken into account in developing STD education programs. It is necessary to complement the traditional approach with components which address the attitudes as well as emotional and psychological needs of students.

*Sonenstein, Freya L. and Pittman, Karen J. Sex Education in Public Schools: A Look at the Big U.S. Cities. Washington, DC: Urban Institute, 1982. (unpublished report)

A study of 179 large U.S. school districts which showed that STD instruction is likely to be most commonly offered at the 7th and 8th grades, and likely to be one of the "core" topics in a sex education curriculum, covered in-depth over 1 to 2 class periods.

Sorenson, Andrew W. The use of contraceptives and sexually transmitted diseases among university students. Journal of the American College Health Association, 1978, 26(5), 243-247.

In a study of contraceptive use among university students, the relationship to STDs is considered. Users of IUDs and foam or douche have the highest proportion of persons with STDs whereas those using the pill or condoms have the lowest proportion.

Stein, Mari. The Love Epidemic: VD. Thorofare, NJ: Charles B. Slack, Inc., 1973.

A consumer-oriented book with simple line illustrations and concise narrative conveying basic information about STDs.

Stronck, David R. Discussing sex in the classroom. Science Teacher, 1982, 49(4), 24-28.

An overview of sexuality education and its place in the schools, including problems regarding its implementation. Although not a discussion of STDs and STD education, the need for an overall complete sexuality education is advocated.

Thornburg, Hershel D. Adolescent sources of information on sex. Journal of School Health, 1981, 51(4), 274-277.

Peers are cited as the most frequent source of information about sex. Terminology, one measure of the accuracy of information, was least frequently identified correctly when learned primarily from peers. The need for providing accurate information about all aspects of sexuality is emphasized as a result of this study.

*United States Department of Health, Education and Welfare. Report of the National Commission on Venereal Disease. Washington, DC: U.S. Government Printing office, 1972.

A report which sets forth recommendations for dealing with the problem of venereal diseases and outlines measures for reducing their incidence.

Van Gelder, Lindsy. Lovesick: the terrible curse of herpes. Rolling Stone, March 4, 1982, 346, 23-24.

An overview of the problem of herpes on both personal and societal levels, including a discussion of the physiological aspects of the disease.

Venereal diseases in the United States. Statistical Bulletin, January - March 1980, 13-15.

A presentation of statistics on the incidence rates of various STDs.

Vontver, Louis A. et al. Recurrent genital herpes simplex virus infections in pregnancy: infant outcome and frequency of asymptomatic recurrences. American Journal of Obstetrics and Gynecology, 1982, 143(1), 75-84.

A study of 80 pregnant patients with a history of recurrent genital herpes virus infection (HSV) was conducted. Frequent examination during pregnancy indicated that 67 patients had a recurrence of HSV during this period; 96% of these had external lesions. Other symptomatic and asymptomatic events were recorded. Despite frequent recurrences of genital HSV infection during pregnancy, all study patients were delivered at term, and although they had a high rate of delivery by C-section (32.5%), the outcome of their infants was good.

*When and how should a child be told about VD? Medical Aspects of Human Sexuality, 1981, 15(10), 42+.

A panel of professionals presents their opinions on providing information on venereal diseases to children. Elizabeth Roberts of the Project on Human Sexual Development presents some data from that study, which showed that, although parents frequently want to discuss the issue of STDs with children, less than 8% had ever mentioned the topic to their pre-adolescent children.

Whitley, Richard J. et al. The natural history of herpes simplex virus infection of mother and newborn. Obstetrical and Gynecological Survey, 1981, 36(7), 359-361.

These investigations represent the largest accumulation of cases of neonatal herpes compiled by groups of investigators employing a standardized study protocol in a wide range of geographical and social settings. The data portray the range and clinical course of the disease as it exists in the U.S. today.

Wickett, William H. Jr. Herpes: Cause and Control. New York: Pinnacle Books, 1982.

A guide for laypersons, physicians and other health professionals. It is meant to answer many of the common questions and concerns of those who have the virus and those who work with victims.

Wiesner, Paul J. and Parra, William C. Sexually transmitted diseases: meeting the 1990 objectives--a challenge for the 1980s. Public Health Reports, 1982, 97(5),409-416.

Strategies for curtailing the growth and spread of STDs are discussed in light of national objectives. The role of the Federal government, in particular, is highlighted. Five high priorities for the Federal effort have been identified as needing to be accomplished by 1990: reported gonorrhea incidence should be reduced as should the reported incidence of gonococcal pelvic inflammatory diseases; reported incidence of primary and secondary syphilis should be significantly reduced; every junior and senior high

school student in the U.S. should receive accurate, timely education about STDs, now available in only about 70% of the school systems (and in varying amounts); at least 95% of health care providers seeing suspected cases should be capable of diagnosing and treating all currently recognized STDs.

*Yarber, William L. New directions in venereal disease education. Family Coordinator, 1978, 27(2), 121-125.

An overview of new directions in education concerning STDs. It suggests long-range behavioral goals, concepts, affective domain strategies, and teaching resources for STD education that reflect the present health situation.

*Yarber, William L. Waging war on v.d. Science Teacher, 1978, 45(5), 38-42.

With STDs a persistent health concern, a strategy for implementing an educational effort is proposed. Components of this process include: involving parents, school officials and students; introduction of the curriculum in middle or junior high school; teaching of STDs as communicable diseases; not overwhelming students with facts; restructuring attitudes toward STDs; promoting discriminate sexual behavior and social responsibility; and, utilizing student-centered learning activities. Appended to the article are an STD quiz, a summary sheet on the STDs in the U.S., and a resource list.

Yarber William L. & Kaplan, Robert. Personality comparisons of college students reporting previous sexually transmissible disease infection and students never infected. Journal of the American College Health Association, 1979, 27(6), 307-310.

Project discovered that a sample of college females and males with previous sexually transmissible disease infections can be discriminated by personality from a sample of those never infected. However, the major discriminating components, as well as the lesser ones, were within the "average" personality range for college students.

*Yarber, William L. and Kroger, Fred. Evaluation of STD Material in Secondary Health Science and Sex Education Textbooks. 1982 (unpublished manuscript, available from authors at Human Sexuality Reserch and Education Program, Purdue University).

Results of a study which revealed that in commonly used health and sex education textbooks, STD information is largely bio-medical in nature. Little attention is given to "strategies for avoiding an STD and responding to an infection."

Young, Michael. Role playing in VD education. Journal of School Health, 1981, 51(6), 413-414.

The usefulness of role playing is considered as a way to provide students with the opportunity to learn through the dramatization of social situations. Three scenarios are presented as possible trigger material and have been used on the college level successfully. They could be adapted for high school classes.

PAMPHLETS, BROCHURES, ETC.

About Syphilis and Gonorrhea.
Pamphlet. 1973.
Channing L. Bete Co., Inc.
Greenfield, MA

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Planned Parenthood of San Diego County
2100 Fifth Avenue
San Diego, CA 92101

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1965 Ford Parkway
St. Paul, MN 55116

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Health Education Project
PO Box 5115
Phoenix, AZ

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1537 Alton
Aurora, CO 80010

Leap Into Wellness. Brochure. 1980.
American Council for Healthful Living
439 Main Street
Orange, NJ 07050

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Young Drug Product Corporation
PO Box 385
Piscataway, NJ 08854

Sexually Transmitted Diseases.
Pamphlet. In press.
Planned Parenthood Federation of America, Inc.
810 Seventh Avenue
New York, NY 10019

Sexually Transmitted Disease--Epidemic Among Teenagers.
Pamphlet No. 517A. 1982.
(see main section of bibliography under Saltman, Jules)
Public Affairs Pamphlets
381 Park Avenue South
New York, NY 10016

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Planned Parenthood of Lancaster
37 South Lime Street
Lancaster, PA 17602

What You Should Know About VD and STD.
Pamphlet. 1982
Planned Parenthood of San Diego County
2100 Fifth Avenue
San Diego, CA 92101

Women and V.D. Brochure. 1979.
American Social Health Association
260 Sheridan Avenue, Suite 307
Palo Alto, CA 94306

Sexually Transmitted Diseases

Reference Sheet 3

Planned Parenthood® Federation of America, Inc. 810 Seventh Avenue, New York, New York 10019

A publication of LINK (Library and Information Network) through its Emphasis Subscriber Service

This reference sheet is designed to provide a brief, yet accurate overview of sexually transmitted diseases (STDs). STDs are one of the nation's greatest health problems and are largely misunderstood by the public. The statistics and background information provided here should assist in conveying to the public the immediacy of the problem in a rational and concise manner, and in responding to misinformation found elsewhere. An annotated bibliography of resources, which includes additional journal articles and books, as well as curricula, pamphlets and other valuable resource information, serves as a companion piece to this publication and is available from the author.

Sexually Transmitted Diseases affect at least 1 American in 20 each year (11)

Gonorrhea ranks first among reported communicable diseases in the United States; syphilis ranks third. (13)

► Young adults (20-24) are the group at highest risk for acquiring gonorrhea or syphilis. Teenagers (15-19) comprise the second highest risk group for acquiring gonorrhea. (13) Of the 1,004,029 cases of gonorrhea reported in 1980, 379,456 cases were reported among young adults and 247,239 among teenagers. (7)

► Annually, it is estimated that there will be 80,000 new cases of syphilis; 2 million new cases of gonorrhea. (2)

Other STDs, both reported and non-reported, affect millions of Americans each year.

► In 1980, among the reported communicable diseases, there were 788 cases of chancroid, a painful, contagious disease typically spread through intercourse, and 51 cases of granuloma inguinale, a chronic disease which is infectious, although not necessarily solely transmitted by sexual contact. (6,7)

► Genital herpes, which may already afflict more than 5 million Americans, affects as many as 500,000 new victims each year. (11)

► There are approximately 3.0 million infections due to Chlamydia trachomatis each year and another 3.0 million cases of trichomoniasis annually. (5)

► Approximately 0.5 million cases of venereal warts occur each year. (5)

► An annual rate of 200,00 cases of hepatitis B is projected, a significant proportion of which are sexually transmitted. (2)

► Most STDs are treatable, and all but herpes are curable. (11)

The social and health cost of untreated STDs or complications thereof are great

In 1979, an estimated 220,000 to 274,000 cases of acute and chronic pelvic inflammatory disease (PID) were attributed to gonorrhea. Costs due to complications of gonococcal PID in women are estimated to be $300 million annually. (13)

► PID occurs in 1 out of 5 women infected by gonococcus. Over half of these women are hospitalized, and more than half of these are affected so seriously that pelvic surgery is required. Such surgery often results in sterility. (10)

► Pelvic inflammation can also cause salpingitis—the filling of the Fallopian tubes with pus—which can also cause sterility; peritonitis—inflammation of the abdominal cavity; and, cysts in the tubes or ovaries. (10)

Syphilis, if untreated, can cause blindness, congenital damage, cardiovascular damage, syphilitic psychoses and death. The cost for hospital maintenance of patients with syphilitic psychoses is over $62 million annually. (13)

The direct and indirect costs of STDs are estimated to be $2.5 billion annually. (5)

STD education

One of the main public health objectives for the 1980s is that by the year 1990 all children in the United States will receive quality and timely education regarding sexually transmitted diseases. Schools, in addition to parents, churches and other organizations, must participate in this effort. (5)

► A random sample of parents, conducted in 1975, showed that for those having school-age children (7-18) there was a desire for more public education about venereal diseases. Another survey, conducted in 1977, showed that parents in one state favored such education in public schools by better than a 9 to 1 margin. (5)

► According to a study of Cleveland parents, a majority want some kind of assistance from the community in educating their children about sexuality. Among the topics parents cited most often as one with which they needed help was venereal diseases. (9) Yet less than 8% had ever mentioned venereal disease to their pre-adolescent child. (15)

► In California, where STD education is a mandated part of the public school curriculum, there is evidence that providing such education has a positive impact. In several California communities the number of reported cases of venereal diseases has decreased among the school-age population, in comparison with the rest of the population, following STD education. (3) In Los Angeles County, in the early 1970s, the syphilis rate dropped 84% in four years

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after education covering sexual topics was introduced into the schools. During the same period, in a neighboring county, the rate increased by 60%. (4)

Recommendations

A decade ago the National Commission on Venereal Diseases (1972) recommended that education about sexually transmissible diseases be introduced into the curriculum of all schools—public, private, parochial—by the 7th grade. (14) *Other recommendations have included:*

► STD education should teach students to: be critical in their choice of sexual partners, avoid intimate contact with persons who might be infected with an STD, use preventive measures (including the use of condoms), understand the signs of disease, seek treatment when an STD is suspected. (16, 17)

► Teachers should attempt to use a variety of methods and approaches in order to reach students, taking into account the varying needs of individuals. (3)

► In planning an effective STD education curriculum, the following guidelines are suggested: involve parents, school officials and students; introduce the curriculum in the middle or junior high school; teach STDs as a communicable disease; do not overwhelm students with excessive facts—give the essential information; try to establish more understanding attitudes about the STD problem; use student-centered activities; and establish effective strategies beforehand for dealing with the concerns of those opposed to STD education. (5, 17)

Status of STD education

To what extent have these ideal recommendations been realized? Recent data suggest:

► "Venereal disease" is the topic most covered in U.S. public high schools, with 97% of the 4 in 10 schools offering any sexuality education saying they cover venereal disease. (8)

► A study of 179 large U.S. school districts showed similar coverage, with STD instruction likely to be most commonly offered in the 7th and 8th grades, and likely to be one of the "core" topics in a sexuality education curriculum, covered in-depth over 1 to 2 class periods. (12)

► A study of the health and sexuality education texts most commonly used in U.S. secondary schools reports heavy emphasis on bio-medical description, with inadequate attention to "strategies for avoiding an STD and responding to an infection." (18)

Thus, coverage of STDs appears non-controversial and widespread, although it is doubtful that many students are exposed to material that would help them in preventing and dealing effectively with infection.

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AUDIOVISUALS

The Dangerous Duo
Seven Oaks Production, 1981
24 minutes, 16mm, videocassette, color

Facts About Sexually Transmitted Diseases
Benchmark Films, 1980
25 minutes, 16mm, color

Herpes - The New VD Around Town
Sunburst Communications, 1979
15 minutes (Approx), Filmstrip, color

Jennifer; A Revealing Story of Genital Herpes
National Institute of Health, 1981
30 minutes, 16mm, videocassetee, color

Sexually Transmitted Diseases - An Update
Sunburst Communications, 1980
45 minutes (Approx), Filmstrip, color

VD and Women
Perennial Education, 1978
17 minutes, 16mm, color

VD: Half a Million Teenagers-Plus
Churchill Films, 1979, Revised
17 minutes, 16mm, color

VD - Play it safe
Coronet Films, 1980
14 minutes, 16mm, color

VD: What Is It?
Churchill Films, 1978
18 minutes, 16mm, color

VD: Why Do We Still Have it?
Perennial Education, 1977
21 minutes, 16mm, color

DISTRIBUTORS

Benchmark Films
145 Scarborough Road
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Churchill Films
662 North Robertson Boulevard
Los Angeles, CA 90069

Coronet Films
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Chicago, IL 60601

National Institute of Health
9000 Rockville Pike
Bethesda, MD 20205

Perennial Education
477 Roger Williams
P.O. Box 855 Ravinia
Highland Park, IL 60035

Seven Oaks Production
9145 Sligo Creek Parkway
Silver Springs, MD 20901

Sunburst Communications
Room JC
39 Washington Avenue
Pleasantville, NY 10570